



# Conflict of Interest CANDIDATE Statement of Financial Interest

RECEIVED  
MAR 21 2022  
SD Secretary of State

**Deadline to file:** Within 15 days after filing nominating petitions (Supreme Court Justice files within 15 days of notifying Secretary of State of his intention to place his name on the retention ballot) or certification of convention nomination.

**File with:** The SECRETARY OF STATE except local candidates file with the office where they file their nominating petition.

**Candidates who file:** State and Federal Office candidates (United States Senate, United States House of Representatives, Governor, State Legislator, circuit court judge and Supreme Court Justice SDCL 12-25-28);

**Convention Nominee** candidates (Lieutenant Governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands SDCL 12-25-29);

**Convention Nominee** candidates of a party with alternative political status (US Senate, US House, Governor, Lieutenant Governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands or state legislator SDCL 12-25-29.1); and

**Local Office** candidates (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1<sup>st</sup> class municipality SDCL 12-25-30)

Please print:

**Full Name** Lisa Gail Gennaro

**COMPLETE Address** 1305 Madell St.

**Office Sought** (list District number if applicable) House, District 30

**What is your occupation/profession?** Home Health Care, Owner

List any **source of funds** (business or economic relationship) which contributes more than 10% of or more than \$2,000 to your family's (includes spouse, minor children living at home) **gross income** in the preceding calendar year. This also includes any enterprise in which you or an immediate family member(s) **controls more than 10% of the capital or stock**. Identify who receives the income from each enterprise but do not include the value. (SDCL 12-25-27)

\*The intent of this form is to collect specific information, not generalities. Do not put N/A or leave the grid blank.

Name of Candidate or Family Member	Name the Source of Funds (Ex: current employer, SD Legislature, 401K, benefits, etc.)	Relationship to funds (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
Lisa Gennaro	Home Health Business	Owner

I declare and affirm under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial interests for the preceding calendar year.

(Signature)

(Date)

3-15-22